

CHILD

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WE CAN DO SOMETHING ABOUT JUVENILE DELINQUENCY

JUVENILE DELINQUENCY is again on the increase.

In the last 3 years the number of delinquency cases handled by juvenile courts in this country has risen almost 20 percent, according to estimates based on data now in the Children's Bureau.

By 1960, *even if the delinquency rate does not increase*, law-enforcement agencies will be dealing with 50 percent more children 10 to 17 years old (the age group in which most juvenile-delinquency cases fall) than in 1950. This is because the number of youngsters of these ages will increase that much, as a result of high birth rates during and after World War II.

A million or so boys and girls are picked up by the police each year. And every time a child doesn't get the kind of help he needs at such a time, society is the loser.

Far too many of our adult jails and prisons are filled with men and women who have juvenile-delinquency records.

No one can calculate exactly the cost of maintaining all our adult criminals, but we know that it runs into millions upon millions of dollars a year.

Nor can one estimate, in any mathematical terms, the great loss to the Nation in the creative, productive, and cooperative power that these people might have contributed under other circumstances to our well-being, but we know the loss is great.

The problem of juvenile delinquency has been with us before, and many times. During World War II delinquency rose to a new peak. As a people, we have made some gains against it. But only here and there.

We have courses of training for police officers who have to deal with youthful delinquents. But only a

handful of officers have a chance to benefit from such courses.

We have to some extent stopped putting youngsters awaiting court action into jails housing adult criminals. But 50,000 to 100,000 juvenile delinquents will be held in jails this year because there is no better place to put them.

Again and again we have seen the help that well-selected, well-trained probation officers can give to juvenile-court judges. Yet more than half our counties today have no probation services to help judges weigh the problems behind a child's delinquency.

We have some training schools for juvenile delinquents which no longer put them in uniforms, crop their hair all alike, and march them this way and that. Some of our training schools have excellent diagnostic and treatment services, excellent schooling, health, recreation, and religious programs, all designed to help boys and girls in trouble to find their way out of trouble and into a responsible and satisfying role in life. But this kind of training school exists only here and there.

The time has come to pull together what we know about juvenile delinquents and their needs—what we know has worked well in helping them—and to build programs of action that will serve, not just a few, but all the youngsters who come up against the law.

This is a job that can best be done by citizens in their own communities and States. Many highly skilled and trained workers in the delinquency field are available to help.

Because citizens have a right to expect help from their Federal Government too, the Children's Bureau is stepping up its services. We have established a Juvenile Delinquency Branch in our Division of Social Services. Working closely with this new

Branch is the staff of a special Juvenile Delinquency Project, created through the generosity of private contributors.

Together, our new Branch and Project will help to bring out into the open what is known about the causes and treatment of juvenile delinquency in this country today. They will help National, State, and local citizen groups to develop programs that we hope will help delinquent boys and girls turn to activities that will increase their self-respect. Within the next several months, we will have new pamphlets and other materials that should be useful tools for such groups in organizing their own efforts in this direction.

Clearly, no such program can accomplish its end unless it is concerned with averting delinquency as well as treating it. Our special Branch and Project, therefore, will be concerned with measures to strengthen community services that make delinquency unattractive and unnecessary to youngsters.

Readers of *The Child*, associated as most of you are with services for children, can contribute greatly to this Nation-wide effort. I appeal to you to lend it your support, through the work of your present organization and through additional efforts. Your State or local committee or council for children and youth will be glad to put you in touch with other groups working against delinquency. If we can be of help to you, we invite your correspondence. We hope you will share with us an account of your activities.

Martha M. Eliot

MARTHA M. ELIOT, M.D.
Chief, Children's Bureau

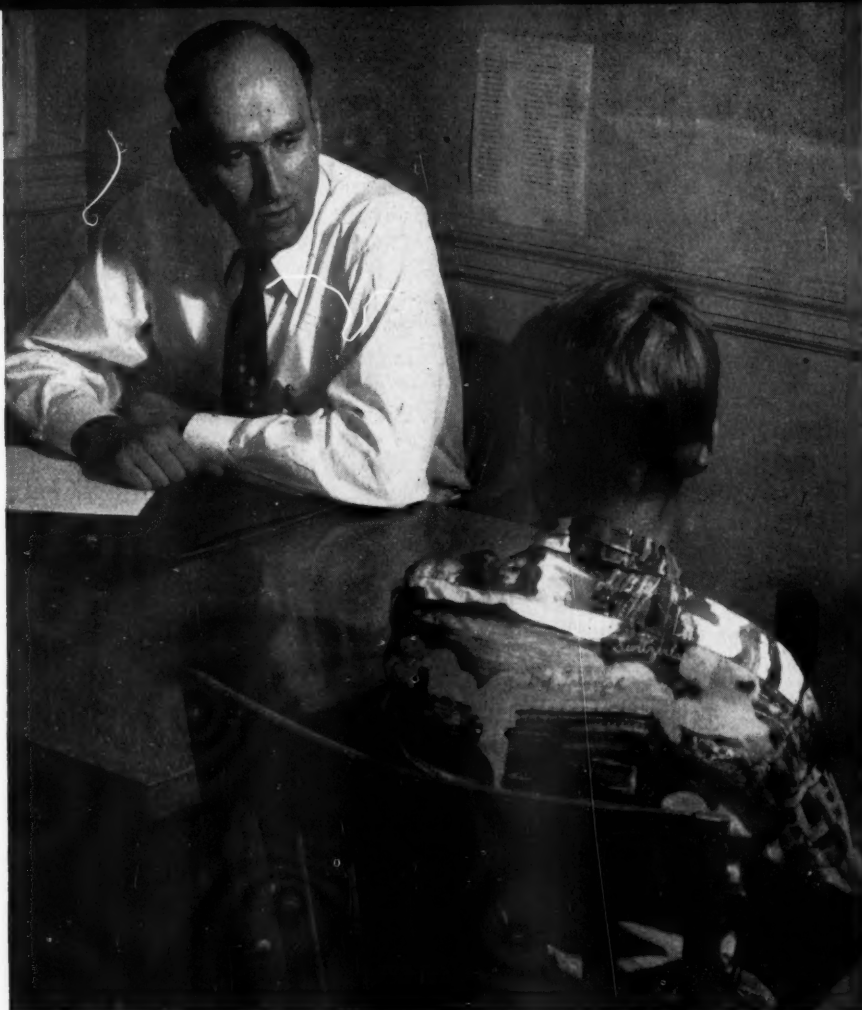
TRAINING SCHOOLS AND THE FUTURE

RICHARD CLENDENEN

NINETEEN - FIFTY - TWO marks, as never before to my knowledge, a period of trial, change, and flux in training-school programs. Developments in training schools do not come about through happenstance. They grow out of problem solving. And the developments begin to add up only as they are related to the problems to be solved and the knowledge and skills available for their solution. It is impossible for me to make a comprehensive analysis of this process in a relatively brief paper. However, it seems logical to begin by listing some of the problems that seem somewhat new or pressing at this particular time.

The number of boys and girls coming to the attention of law-enforcement agencies is increasing sharply in this country. National data indicate a rise of between 6 and 8 percent in 1951 over 1950. Individual communities were harder hit, some showing a 36 percent jump in the volume of juvenile delinquency court cases. Thus far in 1952 all signs point to a still further increase.

During World War II we experienced a similar rise in the volume of juvenile delinquency. We were not surprised at this. The unsettling conditions of war have always resulted in increased delinquency, and we were able to regard the rise as a



A training-school staff member talks over a boy's misconduct with him. When such everyday problems are handled with insight, the child is helped to reshape his entire behavior.

temporary phenomenon. And at the war's end the size of the problem decreased.

But in 1949 the trend again reversed, and since that time the volume of delinquency has steadily mounted, each successive year. Obviously, many of the forces that operate during periods of tension and conflict are again at work, and we cannot assume that the situation will change soon. For unlike the 1941-45 era, the present troubled state of world affairs does not enable us to

look forward to so definite a termination of the pressures which are unsettling our national life.

In the Nation as a whole, training-school populations are mounting, too. Many schools are already caring for numbers beyond normal capacity. And this is not all. We know that in the immediate future even more children will need care. In the early forties birth rates increased sharply and have remained at relatively high levels since that time. Very soon, then, training schools that accept children as young as 10 years of age will feel the effects of that increase. By 1960 in this country we shall have 50 percent more boys and girls age 10 to 17 than we had in 1950.

How are the training schools to care for more boys and girls? There are only two possible ways for them to do this. Either existing training

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Mr. Clendenen gave this paper at a meeting of the National Association of Training Schools, held in connection with the seventy-ninth annual meeting of the National Conference of Social Work, held at Chicago.

schools must be enlarged or new facilities must be established. The sound answer in the majority of States, I believe, will not be found in providing additional housing in existing plants. This may be feasible in very small institutions, but, more often than not, training schools are already required to care for too diversified groups of children, and many schools are already too large.

Additional facilities established

There is evidence of a trend in the direction of establishing new facilities to permit better grouping of children according to their needs. California has taken the lead in this. During the last 10 years four forestry camps and three additional training schools have been established there, making a total of 10 facilities as contrasted with 3 existing a decade ago. It is only fair to point out, of course, that the population of California has increased more than 50 percent during the same period. A number of other States have established additional facilities, too. All told, between 15 and 20 new State training schools have been established in the past 10 years; some of these are giving care to Negroes, a group for which previously no such care had been provided in some communities.

Many training schools are feeling the effects of receiving a larger percentage of children with serious behavior problems. Exact data on the nature and extent of this change in training-school populations are lacking. We do not have adequate analyses of the composition of present and past populations for detailed comparisons, but many experienced administrators agree that such a shift has taken place. It is also logical to assume that a smaller proportion of children with less serious behavior problems are sent to training schools, as the social-insurance programs and the social services of schools, courts, and social agencies are expanded, thereby enabling these children, as well as children who are more dependent than delinquent, to remain in their own homes and be cared for in their own communities.

Training - school administrators have long recognized that some of the boys and girls committed to their care are too aggressive—too lacking in self-control—to handle themselves in the general program, a program geared to the needs of the more typical delinquent boy or girl. Improved community screening before commitment has left the training school with a higher concentration of the very aggressive boys and girls who need more intensive treatment in a setting providing more physical security than training schools usually are able to offer. A number of developments designed to meet this problem are under way.

Several States are planning to follow the lead of New York and establish one or more separate facilities for the care and treatment of these so-called "unadjustable individuals." In Texas funds have already been appropriated for this purpose. A somewhat different approach to the problem is planned in California, where two combination receiving and

treatment units are to be established. Boys and girls retained in or referred to these units for treatment will be handled apart from those in reception status. Still another type of facility has been established in New Jersey, where a single study and treatment center serves both juveniles and adults, referred from a variety of sources.

Another movement aimed at the same problem, but not necessarily a substitute for this type of facility, may be seen in the establishment of security units within training schools. This is not a new idea in this field, but several additional units have been constructed within the past 2 or 3 years. These range in type from a single detention room to a ward similar to those used for housing disturbed patients in a mental hospital. This is a development that needs extremely careful and thoughtful scrutiny.

There is no ready answer to "what to do with, how to handle" the very aggressive boy or girl—and a secur-

When staff members in a training school can help a child to feel liked and wanted and important, they are likely to succeed in changing that child's attitudes toward society and self.



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ity unit is not an answer in itself. I do not question that some boys and girls require temporary care in physically secure quarters. Indeed, both the aims of treatment and the protection of other people often require it. But boys or girls who are so lacking in self-control that they are temporarily unmanageable in the general training-school program are not helped to develop such control by the simple process of restricting their physical freedom to vent aggression on others and on others' rights and property. If such care is to be more than cold-storage isolation, the program within such units must be geared to meeting the needs of seriously maladjusted personalities. Adequate social, psychological, and psychiatric services are a "must." And it may be difficult to provide these services in sufficient quantities on an institution-by-institution basis. In many States it would seem more feasible to develop such a program on a State-wide basis with a single facility serving two or more training schools.

States plan to pool resources

Adjacent small States might combine resources in order to establish and maintain such a facility. Again we have evidence of some planning in this direction. In 1951 a bill was introduced in Congress to enable the States of Maine, New Hampshire, and Vermont to enter into a compact relating to the joint construction of buildings necessary to satisfy human needs in the fields of education, hospitalization, welfare, and correction. The possibility of combining resources for the establishment of certain institutional facilities also has been a topic at several interstate conferences.

Some States meet the problem of handling the very aggressive boy or girl through administrative transfer to institutions established for the care of persons convicted of crime. Yet we know that finding a young person delinquent is not the same as convicting him of a crime. Not only is such transfer of doubtful constitutionality, but it violates the spirit of

the cause for which we have long labored—namely, the development of specialized provisions and procedures for children before the law.

It is abundantly clear that the more inadequate the general training-school program is, the larger the number of children who cannot adjust within it. The ability of a boy or girl to use and benefit from the regular training-school program cannot be truly evaluated unless and until that program is reasonably adequate to do the job for which it was designed. I have visited training schools in which large security units had been constructed during periods of very inadequate program development, units little used after those programs were enriched and extended.

The need for a security unit looms largest during periods of stress and tension. And unfortunately it is at these very times that program activities become most threatened. In the face of mounting problems of control, the temptation to restrict activities is strong. Of course, some curtailment may be indicated if it seems impossible to supervise certain activities properly. But during times of tension in an institution, the need for outlets for energy and feeling is greater, not less. A material cut-back in activities will generate even more tension, which in turn will increase problems of control.

The basic job then is not new, but old; a job that training schools share with all other agencies serving children and youth. It is: How can we improve and extend present services? Obviously, as the training schools are called upon to care for more boys and girls presenting serious behavior problems, the task of providing programs adequate to meet their individual and group needs is vastly complicated. To achieve and maintain such programs requires better training for personnel than we have usually been able to provide. It requires more professional services—psychological, psychiatric, and social—than we have usually been able to command. It requires more effective, better-planned community-relations programs than we have generally

had. Above all, it requires an abundance of courage to hold the line for a treatment program in the face of increased aggressiveness in the boys and girls we serve. Happily, we are able to report progress on some of these fronts too.

Staff training is receiving wider and more intensive attention. Various new programs for on-the-job training of personnel have been established within the past 2 years. I can mention only a few here.

The National Training School for Boys, in Washington, D. C., recently appointed a full-time staff-training officer, thereby becoming the first training school, to my knowledge, to employ a person to give full time to the orientation of new personnel and the on-the-job training of all staff. With this service, the National Training School for Boys is experimenting with training methods. Recently, a cross-section of staff, about 12 in number, were released from all other duties to devote a full week to intensive group discussions of program. Interest and enthusiasm were high among participants, although it is still too early to evaluate how this experience has influenced the performance of these staff members.

In New York State the Bureau of Child Welfare of the State Department of Social Welfare has until recently assigned a staff-training specialist to work half time at the New York Training School for Boys. This specialist devoted major attention to working with the individuals responsible for the direction and supervision of houseparents and other cottage personnel.

Although still in the planning stage, the New York Training School for Boys contemplates a training and research project geared primarily to on-the-job staff training. Through the services of specialists in the fields of group work, group therapy, psychiatric casework, and clinical psychology, explorations will be made to determine what these professions have to offer in both methods and knowledge, which can be used in staff training and by staff in their respective jobs. The project team will also

include a person skilled in research who will be responsible for establishing the controls and methods necessary for evaluating results.

Somewhat more than a year ago, the California Youth Authority embarked on a carefully planned on-the-job training program, participated in by the six training schools and the four forestry camps administered by that agency.

With the help of a committee, a syllabus consisting of 12 study units was developed. Each unit represented a study outline for some aspect of the training-school job. One staff member in each facility was then selected to serve as its training officer or instructor. Prior to launching the training sessions, these persons were brought together for a week of discussion, instruction, and indoctrination.

This was followed by a 3-day meeting for going over the syllabus, identifying and defining the functions of training officers and their relationship to staff and administration, and determining the objectives of the training program. A specific amount of time was provided in each facility's budget for this on-the-job training.

Major emphasis was given to the orientation and training of new staff, but time was allotted for the training of all personnel. Group sessions utilizing a variety of methods, such as discussions led by staff members or outside persons, lectures by selected speakers, and presentation of films followed by discussions, were then arranged for regularly by the training officer in each facility.

None of the programs outlined above, nor any others with which I am acquainted, would be described by the originators as ideal or as fully meeting on-the-job staff training needs. But the fact that these, among other programs, have been started, that time and money for such staff training have been budgeted, represents a tremendous step forward. And I am convinced that we are not going to make material progress in developing staff-training programs

until we make specific provision for this function in the planning of each year's budget and work program.

One person responsible for program

Still another general observation can be made about the staff-training programs described here. In each training school, specific and continuing responsibility for carrying on the program was delegated to a selected member of the staff. Ideally, of course, this person should be especially qualified for this function. In practice, it is gratifying to observe how much can be achieved through the leadership of a person lacking such ideal qualifications, if assistance and guidance can be provided. Experience, which at this point is meager, would indicate that a training school employing a staff of substantial size could well use the services of a full-time person in the development and provision of a staff-training program. A beginning might be made in some States by employing such a person and dividing his time between two or more training schools.

I have said that the larger numbers of serious behavior problems that the training schools are being called upon to meet intensifies the need for staff training, professional services, and sound community relationships. Space will not permit me to discuss the shortage of professional personnel, nor to mention some of the interesting variations in the ways professional services are being geared into training-school programs. Neither do I have space to discuss community relations, a subject that is complicated by the uncertain, vacillating, and often punitive attitudes of the public toward the delinquent. I have also said that the job requires an abundance of courage to hold the line for a treatment program in the face of increased aggressiveness in the boys and girls we serve—aggressiveness that inevitably breaks forth at times in a manner that results in public demands to "get tough." And that kind of courageous leadership is emerging more and more.

The spread of knowledge and understanding in the training-school

field is impressive. We have long had considerable knowledge about human behavior, and progressive training schools have drawn upon this body of knowledge in program development. But we have also had large deserts into which the understanding that flows out of that knowledge has not penetrated. Gradually these deserts are diminishing.

I am referring, for example, to a fuller and more widely accepted appreciation of the importance of human relationships in the job we are trying to do. There is growing recognition that the end result of every training-school experience is determined by the network of relationships existing among those sharing it. Whereas many training schools once concentrated almost exclusively upon outward behavior, and unfortunately some still do, there is greater recognition of the importance of feelings, reactions, relationships, whatever the outward behavior.

How can we change a child's attitudes?

A better understanding of the distinction between the control of behavior and its permanent modification is developing. I do not mean to imply that the control and modification of behavior are unrelated. Rather they are most intimately related. The ways in which behavior is controlled from day to day has a strong influence upon the shaping of future conduct. And recognition that behavior grows out of the individual's attitude toward society and self has led to a wider evaluation of methods utilized in maintaining controls. Penalties that humiliate the individual, diminish his self-respect, shake his self-confidence, or confirm his feeling that the world is a harsh, unfriendly place are giving way to methods that though sometimes less effective in altering immediate behavior will over the long haul build self-respect, as well as confidence in others.

Recognition that a person's attitudes cannot be changed unless he feels liked and wanted and important has led to wider efforts to make boys

(Continued on page 14)

TOWARD BETTER AND SAFER CAMPING

A State Welfare Department Surveys Children's Camps

MARTIN GULA

THIS SUMMER more than three million boys and girls have been away from home for weeks, or even months, camping in the woods, at a lakeside, or in some other natural setting. Some parents have paid several hundred dollars in fees for private camps; others have sent their children to less expensive camps, operated by nonprofit organizations. All the parents expect the camp to safeguard their children's life and health. All hope that their children will have an enjoyable time that is also a wholesome, constructive experience.

Many camps fulfill these parents' expectations. A camp that is admitted to membership in the American Camping Association, for example, is recognized as a camp that lives up to the high standards set by the Association. In the same way, the Boy Scouts and the Girl Scouts, the YMCA and the YWCA, the Boys' Clubs of America, and some other national groups hold their member camps to high standards.

Large numbers of camps, however, are not accredited by any organization. When a mother and father send Joe or Susie to a camp that they have heard about through an advertisement, or from a neighbor, what assurance have they that the camp will be suitable for the child? Will the workers in charge be mature, responsible persons, who understand children and like them, who know

how much activity boys and girls of different ages can undertake, and who will not subject a child to tiring competition? Will safety provisions be adequate? Will a doctor be available if the child falls ill? How about emergency hospitalization?

Many parents, and some social agencies too, assume that camps are supervised by State authorities, as many schools are, and as children's institutions are. It is true that most States, through their public-health laws and regulations, set minimum sanitary requirements, such as those concerning sewer facilities, garbage disposal, and water supply. But few State laws or regulations pay attention to the qualifications of the director and his staff—the persons responsible for safeguarding the children's lives, their health, and their well-being, while they are away from home.

Not many States, for example, require that a registered nurse be on the staff, to watch for signs of illness in the children and to judge when a

doctor is needed. Few require camps to make sure that a doctor can be reached in an emergency. And although swimming and boating are a prominent feature of the activities in most camps, only a handful of States include a requirement that some one employed by the camp be able to administer artificial respiration.

Yet even if all the States had laws or regulations requiring camps to meet high standards, enforcing these requirements would take more staff than many State governments have been able to provide. Up to now, few States have been able even to assess the extent of camping within their borders, much less to provide enough staff to supervise the camps adequately.

But in spite of the difficulties, some States are trying to fulfill their responsibility for guarding the welfare of the youngsters that every summer throng to camp. Among these States is California.

The California State Department of Social Welfare is responsible by

"Having wonderful time." Their parents hope that it will also be a safe and healthful time.



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AUGUST - SEPTEMBER 1952

law for protecting children under 16 years of age in "the absence of their parents," and its Division of Child Welfare fulfills this responsibility through inspecting and licensing a variety of facilities for child care.

The Department has for many years recognized its responsibility for inspecting and licensing summer camps for children under 16, but it has never had enough staff for this purpose. However, it has been able to take action on any serious complaint about a camp. And it has inspected and licensed a small number of camps that requested this service. Also it has worked with the help of the American Camping Association toward developing tentative standards for protecting the health and safety of child campers in the State.

A long step forward was taken toward fulfilling the Department's responsibility for protecting children in camps through licensing, when the State legislature provided, in the Department's budget for 1951-52, the equivalent of two full-time positions, specifically for work with camps. With this provision the Department planned the following activities:

"1. A survey of camps—locating and identifying camps to determine the number and type of camps and the number of children served and to collect information on camping practices.

"2. Inspection and licensing of as many camps as possible on a cross-section sampling basis as to types and location.

"3. Identification of any problem areas, and evaluation of the practical problems of licensing.

"4. Continuation of the process of development of standards to protect the basic health and safety of campers and to promote good camping practice."

In its work toward these goals the Department enlisted the help of a committee representing the organizations in the State with major leadership in the field of children's camping. These included the five California sections of the American Camping Association; the Pacific Camping Federation; the Northern

and Southern California Private Camp Directors' Associations; the national youth-serving organizations—Boy Scouts, Girl Scouts, Camp Fire Girls, YMCA, YWCA, Boys' Clubs of America, and Salvation Army; governmental agencies, such as the State Fire Marshal, the State Department of Public Health, the State Recreation Commission, the State Department of Education, the State Division of Beaches and Parks; and the United States Forest Service.

Committee's work appreciated

This committee gave valuable service in locating and identifying camps, in interpreting the Department's program to individual camps, and in guiding the Department in methods of approaching the problem as a whole.

The first step in the survey was to collect the names and addresses of as many camps as possible, even though it was clear that a large number of these would have to be removed from the list, for some would be duplicates, some would no longer be in operation, and many would prove either to be not "established camps," by administrative definition, or to be outside the jurisdiction of the Department of Social Welfare. (Camps maintained by public schools or other public agencies, camps for the handicapped, week-end or day camps, family camps, and camps for boys and girls over 16 are not the responsibility of the Department of Social Welfare.)

The members of the survey committee provided the names of a large number of camps affiliated with their organizations. Other sources of information were county health and welfare departments and churches and church organizations. Then there were local camp organizations, chambers of commerce, directories published by clothing and camp-supply stores, welfare councils, local park and recreation commissions, automobile club lists, and so forth.

About 900 names of camps were obtained, and a questionnaire, accompanied by an explanatory letter and a copy of the tentative camp stand-

ards, was sent to each. The letter told the camp that the State Department of Social Welfare planned to inspect and license a cross-section of camps, and that for this reason the questionnaire had been designed to serve also as an application for license. The camps were assured that all information would be confidential and that no data on individual camps would be published.

The letter went on to say:

"In filing the completed questionnaire, you will have fulfilled your obligation under the law to apply for a license, even though the Department is unable to complete a licensing study of your camp this summer. In this year's work with camps the Department will select a sample of all types of camps in the major camping areas of the State.

"If your camp is selected for licensing (no fee involved), an appointment for a visit, at your convenience, will be arranged. If you would like to be included in the sample, please let us know.

"In licensing camps the Department will make every effort to individualize camps. There will be no attempt to fit camps to a single preconceived idea of a "good camp." The items on the questionnaire are not specifically related to licensing; "no" answers will not necessarily mean that a license could not be issued. You will note that the standards for licensing, which are enclosed, are tentative for this year at least, and that suggestions for changes will be welcomed."

Among the items on the questionnaire were:

What is the minimum age for counselors?

Has the camp been inspected by fire-safety officials? By health officials?

Is a qualified water-safety instructor on the staff?

Is a physician on the staff, or on call and accessible?

Is a registered nurse on the staff?

Is a precamp medical examination required for campers? For staff?

Is the camp accessible by a good road?

Have arrangements been made for emergency hospitalization?

Of the camps that were sent copies of the questionnaire, 368, in 43 of the State's 58 counties, returned completed questionnaires in time for tabulating. These camps had a seasonal capacity of nearly 166,000 campers (capacity at one time multiplied by number of sessions). Non-profit groups operated more than three-fourths of the camps; 80 camps were privately operated. Most of the camps served children in the 8-16 group; 22 accepted children of pre-school age and 92 served 6- and 7-year-olds. The large majority of the campers were between 8 and 12 years old.

Quality of personnel stressed

No attempt was made to evaluate individual camp programs on the basis of the questionnaires. However, the Department, in its report, classifies the camps according to their major program emphasis. Some camps went in for outdoor primitive camping; others had a major interest in athletics, team sports, and games; others were set up for the purpose of religious education; still others were planned to serve underprivileged children (a few of these camps were interested in treating children with behavior disturbances). The Department does not intend to suggest that any one of these types of camp programs is more desirable than another, but rather to point to the necessity for wider knowledge, understanding, and experience in persons who evaluate such programs.

The most important factor in camping, as in any other child-welfare program, says the report, is the quality of the personnel. There is general recognition that camp counselors with responsibility for supervision of living-groups should be mature, responsible persons, at least 19 years of age. It was, therefore, a matter for serious concern that more than half the camps had counselors under the age of 19.

The Department selected a cross-section of the camps to be visited by its staff. With the funds allotted for

the 1951 work with camps a camp consultant was employed for 6 months and six social-welfare agents for 3 months each. In the course of the summer the six agents visited 123 camps of various types. These were in 32 counties, representing all the major camping areas of the State.

Of the 123 camps visited, the Department issued licenses to 66 (53 percent). In practically all of the 66, it was necessary for the camp to make changes before it could be licensed.

Another 26 camps would probably have been licensed were it not for delay in receiving their fire-safety or sanitary clearances. The Department workers visited some of the camps late in the season, and frequently a camp would be closed before local fire or health officials could inspect it. A serious factor in lack of inspection was that some counties did not have complete fire- and health-inspection services.

The remaining 28 camps could not be licensed, either because these camps did not provide basic minimum protection of the children or because it was not possible in a brief visit to obtain sufficient information as to whether minimum standards were met.

Major problems preventing camps from being licensed were in the following categories:

1. Fire safety. Major changes or improvements were needed to bring the camp to minimum standards of fire safety.

2. Sanitation. Correction of hazardous conditions needed before sanitary conditions would be satisfactory—sewage disposal, water supply, and so forth.

3. Personnel. Counselor staff inadequate in number or questionable as to age, training, or experience.

4. Medical-care program. Pre-camp examinations not required for campers, or for staff, or for both; inadequate provision for health supervision or emergency medical care, or both.

5. General administrative organization. Responsibility for care and supervision of campers not clearly placed; general organization and administrative lines unclear.

In general the response to the licensing program was good. Most camps willingly made changes or planned to make them in the following season in order to provide basic minimum safety.

The Department's experience in visiting camps showed that a worker could be expected to visit two camps a week. Half a day in each camp is needed in order to gather sufficient information to evaluate operation

(Continued on page 14)

Under guidance of mature, understanding staff, children can gain rich experience in camp.



A VISITOR'S VIEW OF CHILD WELFARE IN VIENNA

H. TED and BUNNY RUBIN

AUSTRIA HAS ALWAYS looked to Vienna as the stimulus to its progress in social welfare, and much of the western world in the past has done the same. For in Vienna dynamic psychology had its genesis, and the soil out of which it grew was the same as that out of which arose Vienna's advanced social-welfare structure.

But World War II left Vienna with many bombed homes, schools, and welfare institutions; many health problems; physically handicapped citizens; parentless children; and the uncountable damage resulting from widespread injurious experiences. And only now is Vienna beginning to shake off the deadening effects of the Hitler *Anschluss* and the devastation of war.

Austria's social-welfare program, like that of most European nations, is largely a public one. In the immediate postwar period, a considerable part of Vienna's social-welfare budget had to be allocated for reconstruction and rehabilitation, and could not be used for new developments needed in this field. The general poverty of the country has seriously restricted the carrying through of plans for improvements.

It has also severely limited family incomes. And this in turn has resulted in a high proportion of working mothers; in consequence, the city has to provide day care for a large number of children.

Provision for care for preschool children includes day nurseries for children from 6 weeks of age to the second birthday; also day-care centers for children 3 to 4 years of age and for 5- and 6-year-olds. For school-age children the city provides centers for after-school study and recreation. Vienna's schools, which are open 6 days each week, close very early in

the afternoon, and this necessitates many such centers.

The American type of kindergarten, with its primary emphasis on education rather than on social welfare, is nonexistent in Vienna. Enrollment in day-care centers and kindergartens is restricted to children whose mothers work. Although many more are eligible, at present about one Viennese child out of seven participates in a preschool group experience.

Newer ideas slow of acceptance

Another major factor that has shaped Vienna's present social-welfare program, to a degree difficult for the outsider to realize, has been the devotion to past tradition of many officials and of a tremendous part of the people as a whole. Perhaps it is understandable in the current period of impoverishment that the Viennese people look back to their once golden age of leadership. Still, the more progressive social-welfare leaders feel hindered by this glorification of the past and the accompanying resistance to adapting to changed conditions.

Examples of this are the slow and difficult struggles in the municipal *Jugendamt*, or children's office, to shift the emphasis from the chiefly physical factors in the child's development to the social and psychologi-

cal ones, and to alter accordingly the requirements for district directors. The newer movement is aiming to require directors to have been trained in working with the whole child and individualizing him, instead of, as at present, requiring them either to have a legal background or to have had training that stresses the child's physical development.

In each of the various districts a *Jugendamt* forms the core of Vienna's child-welfare program, and serves children until the end of their eighteenth year. It is often located in the same building as the district tuberculosis office, the health office, the well-baby clinic, the marriage bureau, the vital-statistics bureau, and the office of guardians for children born out of wedlock.

Through the *Jugendamt* the city furnishes every baby with a complete layette. Behind this program is an effort to control congenital syphilis, since each expectant mother must undergo a Wassermann test before the fourth month of pregnancy in order to obtain the layette. The *Jugendamt* social worker arranges for this test and also visits the home after the baby is born.

In Austria the State assumes the guardianship of every child born out of wedlock, and a so-called statutory guardian in the *Jugendamt* handles questions such as establishment of paternity and arrangement for the financial allotment required of the father. The social aspects of illegitimate birth are dealt with by the regular *Jugendamt* social worker.

In addition, this social worker regularly serves as doctor's assistant in one or more well-baby clinics and arranges for summer holiday camps for school-age children. She also carries 170 or more cases, including family problems that involve children, behavior problems of children, and referrals to various child-care facili-

H. TED RUBIN received his master's degree from the School of Applied Social Sciences, Western Reserve University, and he is now a caseworker with the Illinois Children's Home and Aid Society, Chicago. BUNNY R. RUBIN received her master's degree from Western Reserve University in Speech and Hearing Therapy. She is an instructor at the Speech and Hearing Rehabilitation Clinic, University of Illinois Medical School, Chicago.

In addition to studying child welfare in Vienna, Mr. and Mrs. Rubin have surveyed child-welfare facilities in several other European countries and have taught at a training center for institutional personnel in Geneva.

ties. She makes pre-licensing studies of foster homes and supervises children in these homes. She also makes weekly visits to two or three schools or day-care centers, where she advises teachers and works directly with some children. Besides all this, she writes her own short case records without secretarial assistance.

How much help can a social worker give individual children when she has such wide responsibilities? Without the benefit of the type of supervision that stimulates continuous professional growth, without much knowledge of how to apply psychological principles to social work, and without much time because of her many duties, her work must be largely limited to efforts to improve the children's environment.

"Viennese people consider social service a public duty provided as a matter of right to all; they feel no diminished status in seeking such help, and use facilities more easily than do most people in the United States," explains Dr. Anton Tesarek, city director of child welfare. "Vienna has a highly specialized child-welfare organization without highly trained social workers. United States caseworkers have done wonderfully in a comparatively few cases," Dr. Tesarek continues. "In Vienna specialization has been neglected to handle many thousands of cases."

A *Jugendamt* social worker, in her work with problems concerning children, may seek guidance from her senior social worker, and in cases of parental neglect the juvenile court

home. *Erziehungsberater* may best be translated as "counselor on children's total development." Aichhorn introduced these counselors into the *Jugendamt* and trained the first of them in the 1920's.

After the staff decision to place a child away from his home, the social worker takes him to Vienna's central 212-bed *Kinderübernahmestelle*, literally the "children's-taking-over-center." Here the child receives physical and psychological examinations; and some social history is obtained. After a stay of several weeks or months, he is placed in a foster home or an institution.

Parents unable to pay for foster care

Approximately 1,400 children are in foster homes supervised by the city of Vienna. Since by law the *Jugendamt* is responsible for supervising foster homes, no private Viennese social agency can place children in such homes. Low incomes prevent parents from contributing a meaningful percentage toward reimbursing the city for foster care of their children.

Physical destruction resulting from the war has strongly contributed to the foster-home shortage. Twenty-one percent of all Viennese dwelling units were damaged, and only a handful of new housing has been completed since this took place.

The money allotment for foster-home care has increased more than 100 percent since the end of the war, and this has helped to increase the number of homes. Viennese foster mothers now receive the equivalent of \$7.50 to \$8 per month per child; this is in line with the average father's monthly income of \$28 to \$30. The cost of living is far lower than in the United States, but in addition to food expenditures, the foster-home allotment must cover recreation, allowance, dry cleaning, and shoe repairs. Foster homes in areas beyond the city limits receive the equivalent of \$4.50 to \$6 per month per child. Nearly half the boarded-out children live in foster homes in the provinces outside Vienna.

(To be continued in October issue)



Children of Vienna's working mothers attend day-care centers operated by the municipality.

A step forward, however, has been taken by the city-operated school of social work, the most advanced of Austrian social-work schools, which has initiated a long-range program to develop the teaching and practice of casework and to encourage the introduction of trained supervision. Like many other European schools of social work, the Vienna school requires no previous university education for admission.

may actually award partial or total custody of the child to this senior worker. The latter then guides the regular worker in planning for and in supervising the child.

For help with her most difficult cases, the social worker consults with the office's *Erziehungsberater*, who may herself advise the child and the family, or may recommend outside psychological treatment, or may suggest placing the child away from his

FOR BETTER CHILD HEALTH

Pediatricians Exchange Views on Ways to Solve Children's Health Problems

HOW SUCCESSFULLY an adolescent solves his life problems depends partly on how well he solved the same types of problems when he encountered them in earlier childhood, said Dr. Reginald S. Lourie at the Eastern Area meeting of the American Academy of Pediatrics, held in Washington, May 22-23, 1952.

Dr. Lourie, who is Director of the Department of Psychiatry, Children's Hospital, Washington, D. C., cited examples of the types of difficulties that a child meets again and again in his life. Some of these, Dr. Lourie said, grow out of the youngster's close relationships with other people; some are related to the need for his obeying rules; others are concerned with his learning orderliness and cleanliness. Then there are problems concerning his concepts of his own body and of sex.

When the adolescent gets another chance at solving such problems, went on Dr. Lourie, he may be able to correct distortions in his ideas that faulty training or environmental situations had previously created. And in adolescence the child deals with the old problems in new ways—with different perspectives and more energy—ways that can make him and the people around him uncomfortable.

Dr. Leona Baumgartner, New York City's Assistant Commissioner of Health, and formerly Associate Chief of the Children's Bureau, stressed the need for integrated and concentrated research on the underlying causes of mortality and morbidity among infants in the dangerous period before birth and just afterward. Dr. Baumgartner advocated development of one or more institutes where continuing studies of such mortality and morbidity can be made through research by workers in many fields—by the embryologist,

the chemist, the physiologist, the pediatrician, the obstetrician, the physicist, the sociologist, the statistician—in fact, by every kind of research worker who has something to contribute toward solving this problem.

What one medical ward is doing

Can we decrease the emotional impact of hospitalization on a child and his parents? Discussing this question, Dr. Dane G. Prugh of the Children's Medical Center, Boston, described an experiment in one medical ward. In this experiment professional workers in a number of fields are joining to lessen children's disturbing reactions to illness and hospitalization.

One step in this direction is to reduce the amount of separation between child and parents, Dr. Prugh reminded his audience. And so the ward's welcome to the parents begins when the child is first brought to the hospital. At this time the mother and father may accompany the child to the ward, where they meet and talk with the staff members. Again, they are encouraged to visit their child every day. If they cannot come at the regular visiting hours, arrangements are made for them to come at times more convenient for them. They may also help to care for their youngster. They may feed him, or read him to sleep, or, if they wish, just sit by his bed and hold his hand.

Many people concerned with hospital management have long thought that children cry more if their parents visit them frequently than if the visits are far apart, said Dr. Prugh. But when the parents come every day, he said, the children soon realize that the separation will be short. And they cry less frantically and less frequently than do children who are visited only once a week.

In the experimental group, special attention is paid to the individual needs of every child, Dr. Prugh said. For example, a play supervisor offers various kinds of activities to meet the emotional needs of different children. Although more than one nurse may give care to a child from time to time, an effort is made to assign one nurse to be in particular charge of him. Dr. Prugh made it clear that this is done especially for a young child or one having difficulty in adjusting.

The adjustment of different children is discussed at a weekly staff conference. At this conference, which is directed by a pediatrician with psychiatric training, various professional workers contribute ideas from their own points of view. Such a conference may include the ward physician, the head nurse, the play supervisor, the occupational therapist, the medical social worker, the dietitian, the psychologist, and frequently a public-health nurse.

Efforts are made to keep from scheduling injections or other unpleasant medical procedures near the child's time for play, or a meal, or a nap.

Flexible methods v. conventional ones

Dr. Prugh told of a research study that was made to compare the adjustment of the children treated by these flexible methods with that of the same number of children cared for by traditional methods. Children in the latter group saw their parents only once a week, for an hour, and in other ways the conditions were similar to those in most hospitals.

Dr. Prugh said that the children were studied both while they were still in the hospital and after they were taken home, and their reactions to their hospital stay were noted.

All the children, he said, showed some adverse reactions. In both

problems

up, special individual

Prugh said. Prugh offers to meet the children.

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VOL 17 NO 1

groups, the most severe reactions were in the children 3 years of age and younger. In children 4 to 6 years old severe reactions were less common, and in children over 6 they were few.

After returning home most of the children behaved much as they did before going to the hospital. A number, however, in both groups showed significant behavior disturbances soon after being discharged that they had not shown before they were hospitalized. More of those in the conventionally treated group showed this temporary maladjustment than of those more flexibly treated.

Dr. Prugh said that in every age group the children who had received the specially planned individual treatment, including daily visits from their parents, showed fewer and less severe reactions than did those treated by conventional methods.

Narcotics users need medical aid

Dr. Harold Jacobziner, Director of New York City's Bureau of Child Health, urged special institutions for teen-age narcotics users. He based his recommendation on studies of more than 150 high-school students who, when given medical examinations during the 1950-51 school year, were discovered to be users of narcotics.

Most of these boys and girls were not true addicts, Dr. Jacobziner reported. They could be weaned away

from use of narcotics, he said, by a 4- to 5-month course in a special institution.

Dr. Jacobziner also urged that teen-age narcotics users not be treated as offenders against the laws, but as diseased persons who need medical aid. Treatment, he continued, should include not only withdrawal of the drug but mental, emotional, and social rehabilitation.

Twenty-five scientific exhibits had been set up in connection with the meeting. Among these were exhibits on Dental services (Children's Hospital, Washington, D. C.); Evaluation and handling of the infant and preschool child with impaired hearing (Harriet Lane Home, Johns Hopkins University Hospital, Baltimore); Psychological evaluation of physically handicapped children (Bureau of Maternal and Child Welfare, Health Department of the District of Columbia); Unsolved problems in fetal and infant mortality (Children's Bureau, Federal Security Agency.)

The Children's Bureau exhibit highlighted the hazards to babies during the last few weeks of gestation and the first few weeks of life. It listed these facts on deaths of unborn and of newborn babies:

In the United States in 1949—

1. Unborn babies who died just before birth reached a total of 48,000. Not all of these were full term, but all were at least "7-month babies."

2. Over 37,000 babies died before they were a day old. These deaths represent a third of all deaths during the first year.

3. Deaths in the first week of life amounted to over 65,000—58 percent of all the deaths of babies less than a year old. (This figure includes, of course, the 37,000 who died before they were a day old.) Of the 65,000 babies that died during their first week nearly 40,000 were prematurely born.

Deaths in the first week still high

The exhibit compared infant deaths in 1948 with those in 1915, when improved birth registration first permitted study of trends in infant mortality. During those 34 years the death rate for babies in their first year of life was reduced by more than two-thirds, but for those in their first week the decrease was only one-third.

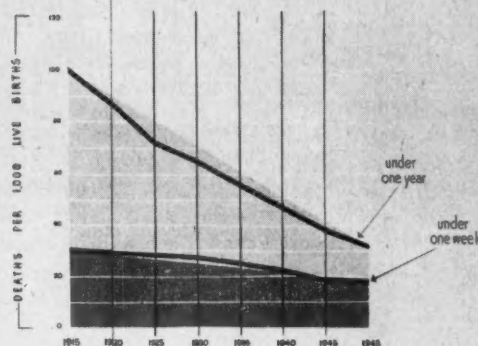
Dr. Alice D. Chenoweth, pediatric consultant on the staff of the Children's Bureau, discussed the implications of the exhibit with some of the pediatricians attending the meeting. Now that maternal mortality has been so greatly reduced, she said, and also the deaths of infants from the second month of life to the end of the first year, both pediatricians and obstetricians are focusing their attention on the babies that die before birth or soon afterward.

UNSOLVED PROBLEMS

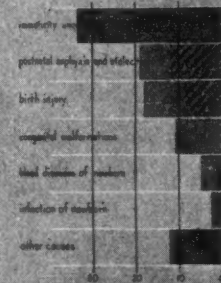
IN FETAL AND INFANT MORTALITY

little gain has been made in reducing mortality in the first week of life

over 80% of the deaths in the first week are in prematures



causes of death



TRAINING SCHOOLS

(Continued from page 6)

and girls in training schools feel the respect and dignity fundamental to the mental health of each of us. Carefully planned reception and orientation procedures, student participation in program planning—these are not frills but important ingredients in treatment. Decent clothing, palatable and attractive food, pleasant surroundings, courteous handling—these are not privileges but the rights of every American child, and these, too, are essentials in a treatment program.

In my work with the Children's Bureau I visit training schools in every part of the country. And in the course of these visits I am impressed again and again by the fact that the training-school administrator occupies a trying and lonely position. He must reconcile the demands of treatment with the need to protect children, program, and public. Failure to provide adequate protection will quickly result in public criticism. At the same time, colleagues in closely related professions are frequently intolerant of any restrictions placed upon the children under care. While subjected to these conflicting demands, the administrator must develop a treatment program, which means achieving and maintaining a progressive but realistic focus for himself and staff.

Yet in a broader sense, his is not a solitary endeavor. Others are engaged in this same hard task. For the program he seeks to develop is directed toward resolving human conflict, improving human relationships—and this is the concern of all of us. The wellsprings of juvenile delinquency—neglect, poverty, fear, hate, cultural conflicts, ignorance—these are also the wellsprings of all human conflict. And whether we work to improve training-school programs or the United Nations, we are applying ourselves to the task of helping people to find a constructive and satisfying way of life in a society of free men.

Reprints in about 6 weeks

CAMPING

(Continued from page 9)

properly. Travel to camps requires a great deal of time because many of them are located many miles from the nearest major highway.

The Department's report of the survey points to the serious need of adequate State staffing if protection of children in camp is to be achieved. The report says:

"While the 1951 licensing experience cannot be considered conclusive as to the number of camps one field worker can license, it did provide the following general conclusions, on which future plans for licensing would need to be based:

"Staff must be available on a year-round basis and not during the summer months only. The most constructive work in bringing about improvements in camps can be done only during the noncamping season. Changes in staff, buildings, sanitary facilities, and so forth cannot be made while children are at camp.

"Most camps begin to plan for the summer during January and February. Counselor recruitment is begun in February and staffs are usually complete by April or May. Camp repairs and improvement are made in the spring and sometimes during the winter, if weather permits.

"It is essential to have staff in the summer to visit and evaluate camps; in the fall to follow-up with camps on the results of the summer visiting; in the winter and spring to discuss preliminary planning for next season's operations.

"Fire and sanitary inspections should be requested by the first of April at the latest, to allow time for any needed changes. Ideally, camps should be licensed before the season starts and visits during the season made as a follow-up on discussed plans and as the basis for next season's license.

"As more experience is gained and more camps licensed, it can be expected that renewals of licenses will require less time, but it can be expected that there will be considerable

turnover of cases with the development of new camps, which will require more time.

"Sufficient staff must be available to act promptly on serious complaint situations, without neglecting the total caseload of camps.

The foregoing information on California is given in a report of the 1951 survey, published in February 1952 by the State Department of Social Welfare, entitled "Camps for Children in California."

During the present year, the Department has continued to work with its camp advisory committee, which has been expanded to include representatives of additional groups.

A subcommittee, appointed to consider sound, practical requirements covering all aspects of fire safety in camps, has developed a booklet, "Guides to Fire Safety in Camps for Children in California," and copies have been sent to all camps. Another subcommittee is considering sanitation and the whole area of health protection. Plans have been worked out with the State Department of Public Health and the Conference of Local Health Officers, under which sanitation inspection services will be available to every camp.

Licensing activity, still on a limited scale, is continuing, with major emphasis on private camps. Cooperative efforts toward stimulating the camps to meet minimum standards are continuing with such groups as the American Camping Association and the national youth-serving agencies.

California's State Department of Social Welfare is hopeful that its efforts will bring about a sound practical program in the State, leading to adequate protection of children in camps.

A number of other progressive States also are working to improve camping programs for their children. These efforts are becoming more and more significant in view of the rising number of children in the United States, for by the end of the present decade probably as many as 4,000,000 youngsters will be going to camp each summer.

IN THE NEWS

Education for social work. After several years devoted to a study of methods of improving social-work education, the National Council on Social Work Education, reconstituted as the Council on Social Work Education, began operation July 1 with a new constitution and by-laws.

The Council is now governed by a delegate body of 78 members. Thirty of these are representatives of educational institutions—graduate schools of social work (20) and undergraduate departments (10) offering programs with social-work content introductory to professional social work. Eighteen represent national professional social-work organizations. Another 18 represent national agencies employing social workers (9 public agencies and 9 private). The other 12 delegates are members-at-large, representing higher education—especially departments of the social sciences—disciplines related to social work, and the general public.

The work is carried on by four commissions: A commission on accreditation; a commission on program, planning and services, and publications; a commission on research; and a commission on schools and departments of social work.

The Council will assume the functions that have been carried on by the American Association of Schools of Social Work and the National Association of Schools of Social Work.

FOR YOUR BOOKSHELF

A HEALTHY PERSONALITY FOR YOUR CHILD. Federal Security Agency, Social Security Administration, Children's Bureau. CB Pub. No. 337. Washington. 1952. 23 pp. For sale at 15 cents by the Superintendent of Documents, Government Printing Office, Washington 25, D. C. Single copies available from the Children's Bureau without charge.

Nobody is completely certain about the way personality gains health and strength. But many people—psychologists and psychiatrists, anthropologists and sociologists, physiologists and geneticists—have been studying children for many years.

They have some practical ideas about what brings good results in building healthy personalities. Some of the conclusions they have arrived at are given in this pamphlet, which was written by James L. Hymes, Jr., Ed.D., Professor of Education, George Peabody College for Teachers, Nashville, Tenn.

Dr. Hymes based his manuscript largely on material submitted to the Fact Finding Committee of the Mid-century White House Conference by Dr. Erik H. Erikson and incorporated in the report of this committee, entitled "For Every Child a Healthy Personality," which is usually referred to as the "Fact-Finding Digest."

For the use of parents' groups interested in exploring problems of emotional growth in children, a discussion aid based on this pamphlet has also been published. See the notice below.

DISCUSSION AID FOR "A HEALTHY PERSONALITY FOR YOUR CHILD." Federal Security Agency, Social Security Administration, Children's Bureau. CB Pub. No. 338. Washington. 1952. 16 pp. For sale at 10 cents by the Superintendent of Documents, Government Printing Office, Washington 25, D. C. Single copies available from the Children's Bureau without charge.

Mrs. Marion L. Faegre, Consultant in Parent Education, Children's Bureau, and Dr. Hymes, the author of "A Healthy Personality for Your Child," collaborated in preparing this discussion aid for use by parents' groups.

The bulletin includes suggestions on subjects for discussion and on methods of conducting group meetings. It lists some useful material—pamphlets, books, and films.

CALENDAR

Aug. 25-28. American Legion. Thirty-fourth annual national convention. New York, N. Y.

Aug. 26-28. American Political Science Association. Forty-eighth annual meeting. Buffalo, N. Y.

Aug. 27-29. Southwest Regional Conference on Migrant Labor. (Needs of children and youth.) University of New Mexico. Albuquerque, N. Mex.

Aug. 31-Sept. 2. National Council on Family Relations. New Brunswick, N. J.

Sept. 1-5. National Urban League. Annual conference. Cleveland, Ohio.

Sept. 1-6. American Psychological Association. Sixtieth annual meeting. Washington, D. C.

Sept. 1-30. Sight Saving Month. Information from National Society for the Prevention of Blindness, 1790 Broadway, New York 19, N. Y.

Sept. 3-5. American Sociological Society. Forty-seventh annual meeting. Atlantic City, N. J.

Sept. 6-7. American Society of Dentistry for Children. Silver anniversary meeting. St. Louis, Mo.

Sept. 8-11. American Dental Association. Ninety-third annual meeting. St. Louis, Mo.

Sept. 11-13. National Legal Aid Conference. Thirtieth annual conference. San Francisco, Calif.

Sept. 11-16. National Conference of Catholic Charities. Thirty-eighth annual meeting. Cleveland, Ohio.

Sept. 15-18. American Hospital Association. Fifty-fourth annual convention. Philadelphia, Pa.

Sept. 17. Citizenship Day.

Sept. 17-19. National Conference on Citizenship. Seventh annual meeting. Washington, D. C.

Sept. 28-Oct. 4. Christian Education Week. Twenty-second annual observance. Sponsored by the National Council of the Churches of Christ, Division of Christian Education, 79 East Adams Street, Chicago 3, Ill.

Sept. 29-Oct. 3. National Recreation Association. Thirty-fourth National Recreation Congress. Seattle, Wash.

Regional conferences, American Public Welfare Association:

Sept. 2-4. West Coast region. Victoria, B.C., Canada.

Oct. 9-11. Northeast region. Philadelphia, Pa.

Oct. 23-25. Southeast region. Charleston, W. Va.

Regional conference, Child Welfare League of America:

Sept. 25-27. Midwest region. Des Moines, Iowa.

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Page 11, courtesy of the authors.



VOL. 17 NO. 1
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1952

In This Issue

	Page
We Can Do Something About Juvenile Delinquency . . . <i>Martha M. Eliot, M.D.</i>	2
Training Schools and the Future <i>Richard Clendenen</i>	3
Toward Better and Safer Camping <i>Martin Gula</i>	7
A Visitor's View of Child Welfare in Vienna <i>H. Ted and Bunny Rubin</i>	10
For Better Child Health	12

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